

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ATTESTATION FOR CONDITIONAL AUTHORIZED LANTERMAN-PETRIS-SHORT
INVOLUNTARY DETENTION AUTHORIZATION**

Print Name (Last, First) _____

Certificate of Applicant

I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here or an omission of material fact will result in my disqualification for Conditional Lanterman-Petris-Short (LPS) Involuntary Detention Authorization.

Reason for requesting Los Angeles County Department of Mental Health (LACDMH) Conditional LPS Involuntary Detention Authorization:

☐ Authorized member of a **County Crisis Team**

List Team Name _____

☐ Other (Specify)

Site at which assessments will be conducted:

Facility/Agency Name _____

Street Address _____

City and ZIP Code _____

I attest that I am currently authorized by the County of _____

[County of primary authorization where LPS involuntary detention authority granted]

This authority for LPS involuntary detention (5150s) **expires on** _____

Applicant Number (Last four digits of SSN) _____

I further acknowledge that I have received a copy of the LACDMH Policy No. 307.03, Los Angeles County Conditional Lanterman-Petris-Short Authorization (Inter-County), from the designated facility or agency which I am affiliated, and that I have read and understood this document and will uphold all applicable legal, ethical, regulatory and reporting principles contained therein and in the standards of my professional license(s). Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for LPS involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention.

I acknowledge that, if I am given authority for conditional LPS involuntary detention, my failure to comply with the above principles and all laws, policies, by laws, or regulations related to LPS involuntary detention, or with those portions of the LACDMH Policy No. 307.03, Los Angeles County Conditional Lanterman-Petris-Short Authorization (Inter-County), related to individuals (including any revisions thereafter adopted), will result in withdrawal of my conditional LPS involuntary detention authority. I acknowledge that Conditional LPS Involuntary Detention Authority may also be withdrawn without cause at any time by the LACDMH Director.

Signature of Applicant _____ Print Name _____ Date _____

Credential/License Number	Expiration Date
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[Applicant] Work Telephone	Fax Number	E-mail Address
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Designated Facility or Agency [Site Approved to Initiate LPS Involuntary Detention]*

Street Address, City and ZIP Code

Signature of Person in Charge (Designated Facility/Agency)	Print Name	Date
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[Manager] Work Telephone	Fax Number	E-mail Address
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Verification of Current Primary Authorization by Primary County LPS Designation Office

Date of applicant's **last LPS training/exam**: _____

Date applicant's **authority for LPS involuntary detention (5150s)** expires: _____

Signature of LPS Designation Coordinator (Primary County)	Print Name	Date
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[For Los Angeles County Use Only]

Date verification received and source:

Signature of LACDMH LPS Designation Coordinator (Marion Czubiak, MSN, RN)	Date
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LACDMH Director Approval of Conditional LPS Involuntary Detention Authority

Signature of Acting Director (Robin Kay, Ph.D.) / Medical Director (Roderick Shaner, M.D.)

Date

Conditions Imposed:

- ☐ None
- ☐ Other (Specify): *Los Angeles County LPS involuntary detention authority is limited to the above sites

Badge Number assigned by LACDMH: _____

Copy to: LACDMH Patients' Rights Office

ADDENDUM TO CONDITIONAL AUTHORIZED LANTERMAN-PETRIS-SHORT INVOLUNTARY DETENTION APPLICATION

Attestation regarding request for LPS authorization for an individual who is neither a member of the attending staff of a facility LPS designated by the requesting County nor an employee of the requesting County Department of Mental Health:

I have verified that the individual for whom conditional LPS authorization is requested from Los Angeles County, who is neither an employee of the Los Angeles County Department of Mental Health nor a member of the attending staff of a facility LPS designated by the same Department of Mental Health, meets one of the following two conditions: (Check one)

☐ Condition 1: Meets all of the following criteria:

1. The individual is a licensed mental health professional in one of the following disciplines: psychiatrist; psychologist; social worker; marriage and family counselor; registered nurse.
2. The individual has the mental health training generally recognized as indicating specialization in delivery of mental health services
3. The individual's primary current work in this county necessitates LPS authorization in order to safely and appropriately manage mental health emergencies.
4. The individual has had sufficient experience working in this capacity to competently assess and intervene in mental health emergencies.

☐ Condition 2: Meets all of the following criteria:

1. The individual does not meet all of the criteria in Condition 1.
2. Limited exception to Los Angeles County LPS conditional authorization requirements is requested.
3. The individual will exercise LAC conditional LPS authorization solely in a Los Angeles County site for which there is no ability, due to distance or other barriers, to obtain timely mental health assessment or law enforcement assistance.
4. Describe the specific setting and barrier(s)

Verification by Primary County LPS Authorization Office

It has been verified by the LPS Authorization Office (Requesting County) that the applicant meets the Condition checked and four criteria specified in the above Application Addendum.

Signature - **Primary County LPS Authorization Office**
(Requesting County)

Print Name

Date